



The Maine National Guard Youth Camp is designed to offer an active, healthy environment where Guard children will grow in confidence, character, and friendships with other Guard children. Activities include rappelling, archery, kayaking, a confidence course, an overnight bivouacs, arts & crafts, hiking, and swimming.

Junior Counselors play a very important role in Youth Camp and it critical to the overall success. It can be very demanding and you must ENJOY working with children. For one full week, day and night with little breaks, you will be surrounded by noise and movement. If this sounds like fun to you, then we invite you to apply!

The 13th Annual Maine National Guard Youth Camp will be held in two sessions:

Week 1: 8-14 July '12

Week 2: 15 - 21 July '12

Requirements for Junior Counselors to consider

- Applicants must be between ages **16 – 18** (older if still enrolled in high school.)
- Applicants must be a Family Member of a Service Member who is **CURRENTLY** serving.
- Applicants must have strong leadership qualities and a good reputation as a model citizen/ student/ role model
- Applicants must not be involved in risky behaviors or have lewd comments/ photographs on social media sites.
- Must attend the Teen Symposium in April 2012 and pass a Character Review evaluation
- Chosen JCs will receive 80 hours of volunteer service for the 8 days of work.
- Must submit application to DVEM - Family Program Office, State House Station #33, Augusta, Maine 04333-0033 by **1 April 2012**.

A committee will select JCs based on merit. In the past, as many as 40 teens have applied to be JC's. We have approximately 24 teen slots for Weeks 1 and 2 combined. For that reason not everyone who applies will be chosen. We will notify all applicants shortly after the State Youth Symposium of our selection.

Thank you for your interest in the Maine National Guard Youth Camp. If you have any questions regarding Camp, please contact the Family Program office at (207) 430-5773/5953. You can also e-mail us at Barbara.Claudel@us.army.mil

Encl
Application



Youth Camp 2012 Junior Counselor Application

I would like to volunteer for:

- ☐ JC Session 1 8-14 July '12
- ☐ JC Session 2 15-21 July '12
- ☐ JC No preference (either week)

Category: (Check all that apply)

- ☐ Parent/Sibling was mobilized in FY10
- ☐ Parent/Sibling is/was mobilized in FY11
- ☐ I was JC at Bog Brook before
- ☐ First time JC at Bog Brook
- ☐ My brother/sister will be a camper
- ☐ My brother/sister will be a cadet

JC's First Name

Last Name

Name for Name tag/Nick Name

Gender

Age (at the start of camp)

DOB dd/mm/yyyy

Home Phone

JC's Cell (if applicable)

Street Address

Town/City

State

Zip Code

Junior Counselor's E-Mail Address (if applicable)

Have you ever been convicted of a crime against children? **Yes** **No**

Brothers and/or Sisters that plan to be attending camp, please circle the group that applies.

Bother/Sister: _____ **Name** _____ **Age** Day Camper Camper Cadet JC

Bother/Sister: _____ **Day Camper** **Camper** **Cadet** **JC**
Name **Age**

Bother/Sister: _____ **Name** _____ **Age** Day Camper Camper Cadet JC

Bother/Sister: _____ **Day Camper** **Camper** **Cadet** **JC**
Name **Age**

JC'S HEALTH INFORMATION

Circle Your Answer:

Are you in good health? Yes No

Medical Conditions/Dietary Needs: Yes No (Please list on reverse side)

Allergies/Medications (Please list): _____

Name, address and telephone number of your physician: _____

_____ Parents First Name	_____ Parents Last Name	_____ Guard Member's Unit	
_____ Street Address	_____ Town/City	_____ State	_____ Zip Code

Parents E-Mail Address(es)

If n/a please leave blank:

(____)_____
Daytime Phone

(____)_____
Evening Phone

(____)_____
Cell Phone

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: (____)_____

Name: _____ Phone: (____)_____

PARENTAL AGREEMENT

Junior Counselor's Name (Last, First, M.I.)

I authorize my child to participate in the MENG Youth Camp, an event to be conducted in summer 2012 at Bog Brook Training Area in Gilead, ME. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the Maine National Guard shall not be liable for injuries sustained by my child while participating in the training event. For purposes of this release, "Maine National Guard" shall include all Guard personnel, the State of Maine and the U.S. Government. I understand that participation in the event involves the risk of serious injury. I accept and assume sole responsibility and liability for my child for such risks.

I hereby authorize the Maine National Guard to secure such emergency medical advice and services as may be necessary for my child's health and safety and I agree to accept financial responsibility for such medical advice and services.

I understand that Maine news media may be invited to view, photograph or film portions of the event, and may interview attendees. My child's photograph, image, quote or voice may be published, copyrighted, or otherwise used in news presentation.

(Printed name of parent)

(Signature of parent)

JC HOLD HARMLESS AGREEMENT & MEDIA AUTHORIZATION

Junior Counselor's Name (Last, First, M.I.)

I wish to participate in MENG Youth Camp, a training event to be conducted at Bog Brook Training Area in Gilead, ME. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the Maine National Guard shall not be liable for injuries sustained by me while participating in the training event. For purposes of this release, "Maine National Guard" shall include all Guard personnel, the State of Maine and the U.S. Government. I understand participation in the event involves the risk of serious injury. I accept and assume sole responsibility and liability for such risks.

I accept responsibility for my own actions during the training program, and understand that the Maine National Guard reserves the right to exclude me from any activity for reasons of safety.

I understand that Maine news media organizations may be invited to view, photograph or film portions of the training, and to interview attendees. My photograph, image, quote or voice may be published, copyrighted or otherwise used in news presentations.

(Signature of Participant)

This document must be signed by the Junior Counselor, not the parent

PRIVACY ACT STATEMENT

AUTHORITY: U.S.C. 301, 10 U.S.C. 8012 and EO 9397

PRINCIPAL PURPOSE: To prepare photographs for new stories written by military civilian news media reporters to recognize the achievements of participants, members of the Army and Air National Guard, and the Maine National Guard Family Program.

ROUTINE USE: Information may be disclosed to Maine National Guard and National Guard Bureau agencies plus bona fide civilian news media organizations. Once published information is considered public domain.

DISCLOSURE IS VOLUNTARY: Release of this nature are used, not only to recognize achievements of members, participants, and the Family Program but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.

Return application no later than 9 April 2012
DVEM, Attn: Youth Program, State House Station #33, Augusta, Maine 04333-0033

For
Office Use

Health History and Examination Form for Children, Youth and Adults Attending Camps

FM 08N

Suggested for resident camp use.

Developed and approved by
American Camping Association®
American Academy of Pediatrics
Expires 12/31/03

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians of minors or by adults

Dates of Camp Attendance _____

Mail this form to the address below by _____ (date)

themselves. Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street address City State Zip

Social security number of participant _____ Gender: ☐ Male ☐ Female

Custodial parent/guardian _____ Phone _____

Home address _____
(if different from above) Street address City State Zip

Business address _____ Phone _____
Street address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street address City State Zip

Business address _____ Phone _____

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name _____ Group # _____

► Photocopy of front and back of health insurance card must be attached to this form.

Important — These boxes must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment,

Signature of parent/guardian or adult camper/staffer _____

Printed Name _____ Date _____

referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Copyright 1983 by American Camping Association, Inc. Revised 1990, 1992, 1994, 1995, 1996, 1998, 1999, 2000, 2001.

Year

Cabin or Group

Name

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES

List all known.

Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list)

— include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis.

☐ This person takes medications as follows:

Med #1

Dosage

Specific times taken each day

Reason for taking

Med #2

Dosage

Specific times taken each day

Reason for taking

Med #3

Dosage

Specific times taken each day

Reason for taking

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

☐ Does not eat red meat

☐ Does not eat pork

☐ Does not eat eggs

☐ Does not eat poultry

☐ Does not eat seafood

☐ Does not eat dairy products

☐ Other (describe)

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition? ...	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise? ...	<input type="checkbox"/>	<input type="checkbox"/>			
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?

- ☐ Measles
☐ Chicken pox
☐ German measles
☐ Mumps
☐ Hepatitis A
☐ Hepatitis B
☐ Hepatitis C

TB Mantoux Test

Date of last test _____

Result: ☐ Positive ☐ Negative

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. (ACA accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

BP _____ Weight _____ Height _____

In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp

Medications to be administered at camp (name, dosage, frequency)

Any medically-prescribed meal plan or dietary restrictions

Known allergies

Description of any limitation or restriction on camp activities

Additional information for health care staff at the camp

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

For camp use only

Screening Record

Date screened _____ Time _____ am
pm

Meds received _____

Updates/additions to health history noted ☐ Yes ☐ No ☐ None required

Current health needs identified _____

Observational notes _____

Screened by _____